

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK
OFFICE PATENT OPERATIONS

Art Unit: 1713 Examiner:
Applicants: Roland FEOLA *et al.*
Application No. 10/617,788
Filed: July 14, 2003
Title: **"AQUEOUS BINDERS"**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Charlotte, North Carolina
October 14, 2003

Dear Sir:

INFORMATION DISCLOSURE STATEMENT

Pursuant to Rule 56 and Rule 97 *et seq.*, Applicant hereby submits the attached Form(s) PTO/SB/08A and the references listed thereon.

The relevancy of each reference is disclosed in the specification.

Applicant respectfully requests that each reference be reviewed and made of reference in the instant application.

Respectfully submitted,

Klaus Schweitzer

See attached Limited Recognition Form

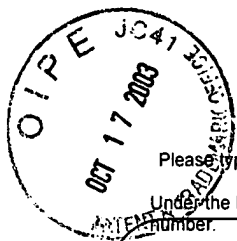
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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after filing)

Application Number	10/617,788
Filing Date	July 14, 2003
First Named Inventor	Roland FEOLA
Group Art Unit	1713
Examiner Name	
Attorney Docket Number	02/041 VAT

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) Extension of Time Request 2 month Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Receipt Limited Recognition Form EPO Search Rpt; 4 references
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Or Individual Name	ProPat, L.L.C. 2912 Crosby Road Charlotte, NC 28211-2815
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Signature	<i>U. Schumacher</i>
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Date	October 14, 2003
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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Claire Wygand
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Signature	<i>Claire Wygand</i>
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Date	October 14, 2003
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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450